

PROCEDURAL GUIDANCE FOR RECRUITMENT

CBO PROGRAM ANNOUNCEMENT RFP 04064
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DESCRIPTION OF RECRUITMENT

Recruitment refers to the means by which an agency or organization reaches members of its target population to help them take advantage of HIV prevention interventions, programs, and services. It can be targeted to persons of negative or unknown HIV serostatus at high-risk for HIV (those performing behaviors that put them at risk for HIV or other STDs in high prevalence settings or with HIV-positive individuals) or to people living with HIV. Recruitment can take different forms depending on the most appropriate approach for a given target population and on the needs and abilities of the organization engaging in the activity.

Outreach is a common means of meeting potential high-risk clients in their own environment to deliver HIV prevention messages and services and to bring them into additional prevention services. These activities may take place in specific venues where high-risk individuals congregate and/or in places where high risk behaviors take place (e.g., shooting galleries, the street, parks, bars, bathhouses) or can be conducted at virtual sites including the Internet or telephone hotlines. Finally, outreach can take place as the result of contacts established through the use of social networking techniques that demonstrate connections between high-risk persons. Agencies can work with current clients to reach partners or friends who may also be at high risk.

Within- and between-agency referrals are other common ways for organizations to bring clients to services. Often an agency will use its existing programs or interventions to refer clients to other services within the agency (e.g., one of the goals of an individual level intervention may be to increase a client's acceptance of, or readiness for, testing). A benefit of this strategy is that it takes advantage of the trust that is already developed by clients who have previously been engaged with an agency. When a referral is made to another service within that agency, the client may be more likely to accept and access the referral.

The establishment and maintenance of linkages with referral networks (i.e., interrelated agencies that provide services for high-risk persons, for example service agencies, homeless shelters, or care providers) for between-agency referrals can also be an important tool or strategy for recruiting high-risk persons into HIV prevention interventions. Because persons at risk for transmission or acquisition of HIV often have competing needs which make HIV prevention a lower priority, they may not initiate access to HIV prevention services, but may seek out other services from which they can be referred for HIV prevention interventions. Obtaining a commitment from other service agencies to assess the risk for HIV acquisition or transmission among their clients and make appropriate referrals is an important means of reaching clients in need of prevention services.

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements are those components that are critical features of an intervention's intent and design and that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure program effectiveness. Core elements are derived from the behavioral theory upon which the intervention is based. They are essential to the implementation of the program and cannot be ignored, added to, or changed. Recruitment has 5 core elements which include:

- 1) Use of information from multiple sources to describe common characteristics of the target population, which can be used for targeting recruitment activities.
- 2) Develop and deliver appropriate health messages for the setting (either to be delivered by an outreach worker or by a referral source).
- 3) Recruit for specific services (e.g., counseling, testing, and referral services, PCM, other prevention interventions). Recruitment must be linked to counseling, testing, and referral services for clients of unknown status, and to care and prevention services for people living with HIV (PLWH).
- 4) Track completion of referral to monitor the effectiveness of the referral strategy.
- 5) Revise strategies or venues, as appropriate.

Key Characteristics are crucial activities and delivery methods for conducting an intervention, which may be tailored for different agencies and at-risk populations. These characteristics, however, can be adapted or tailored to meet the needs of the target population and ensure cultural appropriateness of the strategy. Each strategy for recruitment includes a different set of key characteristics:

Recruitment through *Internal Resources*

- Develop criteria that will trigger a referral from providers of other services within the agency.
- Providers of services within the organization should assess all consumers to determine appropriateness for prevention services delivered within the organization and make appropriate referrals to those services.
- Develop targeted and appropriate messages to be delivered by individual members of an agency or by mass messaging strategies (e.g., on posters hung throughout the agency).

Recruitment through *Referral Networks*

- Establish linkages with those service providers that members of the target population are most likely to access and provide training to these providers related to prevention services.
- Develop formal agreements with appropriate service providers for ongoing screening and bidirectional referrals.
- Provide tailored and appropriate materials to referral agents that advertise programs and services.
- Provide tailored and appropriate materials that describe programs and services to potential clients.

Recruitment through Outreach

- Go to venues where potential clients congregate at the times when they are present.
- Conduct outreach in teams to improve the safety of outreach workers.
- Screen clients to determine their needs for specific prevention services (e.g., counseling, testing, and referral (CTR); prevention case management (PCM); or other prevention interventions).
- Develop and deliver tailored and appropriate health and prevention promotion messages.
- Provide tailored and appropriate materials that describe programs and services to potential clients.
- When possible, use peers as outreach workers.

Procedures describe the activities that make up the content of the strategy and provide direction to agencies or organizations regarding the use of the strategy. Procedures for recruitment follow.

Regardless of the type of recruitment strategy employed by an agency or organization, a vital component to consider is the profile of the population to be targeted. The organization must understand the members of its target population in order to devise the most appropriate strategy to reach them. Information from many sources can be used to describe the common characteristics of the population. Agencies should consider reviewing:

- epidemiological profiles,
- key informant interviews,
- focus groups,
- ethnographic data,
- surveys/questionnaires,
- program records, and
- other relevant population-based research.

The target group must be specified at least in terms of gender, age, race/ethnicity, risk behaviors, indicators of risk (such as drug use), and location. This information should be reviewed on a regular basis to ensure that all relevant information is current.

The characteristics of the population should be used to devise appropriate health and prevention promotion messages that can be used to increase the likelihood that prevention services will be accepted and that referrals will be completed. The messages should be specific to the type of service for which the agency is recruiting, should be crafted using the language of the target population, and should be tested with community members to ensure understanding and appropriateness. These tailored messages can then be used in outreach or can be given to other referral sources to be used at their discretion.

For agencies choosing to use outreach as a means of increasing participation in their programs or for referring clients to other programs, additional considerations must be addressed. Using the information gained by completing a profile of the target group, outreach workers must plan their strategies to maximize contact with the target population. When safety considerations (for the worker and the client) permit, workers should go to the venues where potential clients congregate at the times when they are present. Workers must consider the approachability of clients at those venues and should choose those venues where potential clients are likely to be most receptive to the recruitment message. Messages are most likely to be accepted when they come from workers who are similar to the target population; therefore, peers should be used as outreach workers wherever possible. Additionally, it is important that information or materials be made available to clients in a manner that is non-intrusive (e.g., referral cards that are pocket-sized, printed information). Finally, outreach strategies should be used to provide services or access to services (e.g., CTR or prevention counseling) wherever possible. If on-site services are not possible, a referral tracking system must be devised and agencies should consider providing incentives to complete referrals. Agencies developing an outreach program should answer the following questions related to their target populations:

- **Who** is the population, and who is the most appropriate person to provide the service to them? Messages or services coming from peers are more likely to be accepted.
- **What** is the message or service that the agency should be delivering? The agency may use outreach to remove barriers to accessing testing and prevention services or to deliver health education/risk reduction messages with the goal of getting the client into such services.
- **Where** is the appropriate place to approach clients? Agencies must meet the clients in venues in which they are most likely to find the target audience, including venues where high risk behavior is taking place, and in places where their safety is assured.
- **When** should the outreach service be provided? Outreach workers must choose times that are appropriate to find their target audience.
- **How** should the message or service be delivered? Messages can be verbal or written, and can be in the form of pamphlets, flyers, or signs. Services can be delivered by referral, or on site if appropriate.

A specialized form of outreach is the use of community level interventions to reach a targeted population. Community level interventions such as Popular Opinion Leader (POL) and Peers Reaching Out and Modeling Intervention Strategies (Community PROMISE) involve using peers to deliver prevention messages to the broader community. These prevention messages may be in the form of personal endorsements of behavior change (POL) or in the form of role model stories that are distributed in a community (Community PROMISE) but the messages can be used to

encourage testing, involvement in prevention services at an organization, or adoption of safer behaviors. Agencies interested in these strategies are referred to the Disseminating Effective Behavioral Interventions (DEBI) project website at <http://www.effectiveinterventions.org>.

Agencies may also choose to rely on referral networks for recruiting clients instead of, or in addition to, outreach. For these agencies, linkages to other agencies and providers should be formalized and nurtured. Agencies should solicit memoranda of agreement, should ensure that referral sources are familiar with their services (perhaps through in-service presentations or informational pamphlets that can be distributed to referral sources), and should keep all contact information up-to-date for the organization. If the referral sources are unable to provide the referrals that would be expected, the agency should attempt to diagnose the barrier to effective referral and develop a strategy to address it.

Agencies that are unable to provide extensive services beyond recruitment should partner with other organizations that provide HIV prevention services. Agencies that provide services but do not have, or have limited capacity to conduct recruitment should consider partnering with organizations that can offer this expertise.

RESOURCE REQUIREMENTS

Staffing for recruitment programs should be determined based on a needs assessment and the epidemiological profile of the target population (the HIV prevention community plan and other sources of relevant information). In general, agencies should devote 1.0 full-time equivalent (FTE) position to maintaining a referral network, including ensuring that referral sources are active, tracking referrals made by recruitment program staff, and assessing client satisfaction with referrals provided. Depending on the size of the network in a given area, this FTE may also be responsible for supervision of recruitment program staff. Recruitment by outreach should be conducted by teams rather than individuals; therefore if an agency chooses to include outreach, at least 2.0 FTEs will be required to deliver this service. Recruitment needs will determine the staffing level for an area. The agency must assure that supervision is adequate for the number of outreach workers employed. In general, the ratio of supervisors to outreach staff should be 1:10.

PHYSICAL SETTING CHARACTERISTICS

Regardless of the recruitment strategy chosen the physical setting of the recruitment services is always dependent on the population targeted. As a rule, recruitment strategies meet the client wherever he/she is to bring him/her into services, which may or may not be located in the same area. Within these guidelines, providers should identify locations where clients feel their privacy and confidentiality will be maintained and respected.

NECESSARY POLICIES AND STANDARDS

Before an agency attempts to engage in recruitment, the following policies and procedures should be in place to protect clients, the agency, and the individual workers:

Targeting of Services: Agencies must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiological data, behavioral and clinical surveillance, and the state or local HIV prevention plan. Persons living with HIV are the first priority population for community planning groups, and services for persons living with HIV should be addressed as such.

Safety: Agency policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented.

Confidentiality: A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from a client or his/her legal guardian must be obtained.

Linkage of Services: Recruitment must be linked to counseling, testing, and referral services for clients of unknown status, and to care and prevention services for people living with HIV (PLWH). Agencies must develop ways to assess whether and how frequently the referrals made by staff were completed.

Data Security: Collect and report data consistent with CDC requirements to ensure data security and client confidentiality.

Cultural Competence: Agencies must strive to offer culturally competent service by being aware of the demographic, cultural, and epidemiological profile of their communities. Agencies should hire, promote, and train staff across all disciplines to be representative of and sensitive to these cultures. In addition, materials and services must be offered in the preferred language of clients/consumers where possible, or translation should be available if appropriate. Agencies should facilitate community and client/consumer involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care* which should be used as a guide for ensuring cultural competency in programs and services. Please see the Cultural Competence section in the introduction of this document (page 9) for standards for developing culturally and linguistically competent programs and services.

Personnel Policies: For agencies conducting outreach, a code of conduct must be established. This code should include, but not be limited to, no drug or alcohol use, appropriate behavior with clients, and no loaning or borrowing of money.

Volunteers: If the agency is using volunteers to assist in or conduct this intervention, then the agency should know and disclose how their liability insurance and worker's compensation applies to volunteers. Agencies must ensure that volunteers also receive the same training and are held to the same performance standards as employees. Agencies must also ensure that volunteers sign and adhere to a confidentiality statement. All training should be documented.

QUALITY ASSURANCE

Quality assurance activities for both agencies and clients should be in place when implementing recruitment:

Agencies: Agencies should have in place a mechanism to ensure that all appropriate protocols for recruitment are followed. These protocols include 1) the method for collecting information to select the target population, 2) records of formal or informal agreements with other agencies, 3) training for referral/outreach staff, 4) procedures for tracking referrals including the number completed and barriers for those not completed, and 5) staff supervision. Quality assurance activities can include direct observation and review of client interactions by key staff involved with the activity. This review should focus on adherence to referral protocols, accessibility and responsiveness to expressed client needs, documentation of contact, and follow-up on referrals.

Client: When appropriate, clients' satisfaction should be assessed upon completion of referrals.

MONITORING AND EVALUATION

Evaluation and monitoring of recruitment activities include the following:

- Collect and report client-level data.
- Collect and report standardized process and outcome monitoring data consistent with CDC requirements.
- Use of the CDC developed PEMS (Program Evaluation Monitoring System) to report data electronically. Organizations may use, under certain circumstances, a local system provided it meets required system specifications.
- Collect and report data consistent with CDC's requirements to ensure data quality and security and client confidentiality.
- Collaborate with CDC in assessing the impact of HIV prevention activities by participating in special projects upon request.
- Collect and report data on the following indicators:
 - **I.A-** The mean number of outreach contacts required to get one person with unknown or negative serostatus to access counseling and testing.
 - **I.B-** The proportion of person who access counseling and testing from each of the following interventions: individual level interventions and group level interventions.
 - **IV.A-** Proportion of client records with the CDC-required demographic and behavioral risk information.
 - **V.A -** The mean number of outreach contacts required to get a person (living with HIV, their sex partners and injection drug-using contacts or at very high risk for HIV infection) to access referrals made under this program announcement.

KEY ARTICLES AND RESOURCES

NIDA Outreach Manual. To obtain copies, contact: The National Clearinghouse for Alcohol and Drug Information. PO Box 2345, Rockville, MD 20847 (1-800-729-6686) or visit <http://www.drugabuse.gov>.

Disseminating Effective Behavioral Interventions <http://www.effectiveinterventions.org>.

U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. (1994). Planning and conducting street outreach process evaluation.

U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. (Nov 2003). Draft CDC Technical Assistance Guidelines for CBO HIV Prevention Program Performance Indicators.

U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. (1998). What we have learned from the AIDS evaluation of street outreach projects. (1-888-232-3228, press 2, 5, 1, and 1 as prompted and request “What we have learned” from AESOP).

U.S. Department of Health and Human Services, OPHS Office of Minority Health. (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care.